



Physical Rehabilitation Group, LLC

Patient Record Request Form

Mail payments to: **Physical Rehabilitation Group**  
**P.O. Box 3408**  
**Irmo, SC 29063**

Tax ID: 20-2267293

Date: \_\_\_/\_\_\_/\_\_\_

To: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Clinic: \_\_\_\_\_

Description	Charges	Balance
<b>Handling Fee:</b>	\$ 15.00	
<b>Medical Records:</b> (\$ .65 for first 30 pages)		
(\$ .50 for 31 pages and greater)		
<b>Total Charges</b>		

Thanks,  
PRG Management